NOLODODS522				
(Requestor's Name) (Address)	700069146457			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) (Cocument Number) (Certificates of Status	04/04/0601039023 **57.50			
Special Instructions to Filing Officer:	DIVISION OF CORPORATIONS 06 APR -4 AM 8:50			
	?s 4/12/025 Diss			

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISSOLVE FLORIDA NOT for Profit Corp.

DOCUMENT NUMBER:

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOREEN O EGAN	• <u>-</u>
(Name of Contact Person)	"
RUBIES IN THE Rough DNC	. .
(Firm/Company)	
5219 CR 561	
(Address)	
Clermont, FL 34714	∙رج ≱یر می* – –
(City/State and Zip Code)	

For further information concerning this matter, please call:

DOREEN DEGAN at (352) 408 - 1335 (Name of Contact Person) (Area Code & DaytimeTelephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is
			enclosed)

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 · · · ·

SECRETAR DIVISION OF C	LED IY OF STATE CORPORATIONS
06 APR -4	AM 8: 51

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ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Rubies	IN	the	Rough,	ON.
			,	

SECOND: The document number of the corporation (if known).

THIRD: Adoption of Dissolution (Complete Section I or II)

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SECTION I If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted $M_{0,C}$

(CHECK ONE)

X The number of votes cast for dissolution was sufficient for approval.

The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

SECTION II If the corporation has no members or members entitled to vote on the dissolution.

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was ______,

The number of directors in office was______ and the vote for resolution was

_____ for and ______ against. (must be a majority vote)

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Effective date of dissolution if applicable: _ رمار

20 2 ch

(no more than 90 days after dissolution file date)

001 Signature h

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

EGA Wee.

(Typed or printed name of the person signing)

RESIDE

(Title of person signing)

FILING FEE: \$35